2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
06 SEP 18 AM 10: 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000060831

1. Entity Name
HABANA VIEJA CIGAR CORP.

Principal Place of Business	Mailing Address
2264 NW 94 AVE. MIAMI, FL 33172	8760 SW 133 AVENUE ROAD 407 MIAMI, FL 33183

new

2. Principal Place of Business		3. Mailing Address	
2264 N.W. 94 ave		10770 N.W. 66 st	
Suite, Apt. #, etc.		Suite, Apt. #, etc. apt C-213	
City & State: MIAMI Fla.		City & State: DORAL Fl	
Zip: 33172	Country: DADE	Zip: 33178	Country

09052006 Chg-P CR2E034 (11/05)

4. FEI Number — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATINO, COLOMBIA
8760 SW 133 AVE ROAD
407
MIAMI, FL 33183

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ________ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 15, 2006

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATINO, COLOMBIA 8760 SW 133 AVENUE ROAD # 407 MIAMI, FL 33183	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700080003107 09/20/06--01053--018 **550.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ________

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

JC 9/19